

OJT REGISTRATION/ENROLLMENT FORM
Submit in FULL

Name: _____,

Address: _____, _____ Me. _____

Phone No: _____ Social Security No: _____

Ethnic/Protected Class: _____ Sex: ____ Male ____ Female

Project Number: _____ Project Location: _____

Training Classification: _____ Hours: _____

____ New Hire ____ Upgrade ____ Other, what _____

Enclosed copy of: _____ Resume or _____ Job Application.

Expected Start Date: ____/____/____ Start Wage: \$_____/hr.(____% journeyed rate)

Expected End Date: ____/____/____ End Wage: \$_____/hr.(____% journeyed rate)

Site Phone No: _____ EEO Officer: _____

* No contractor will be given credit until this form is approved by DEO/ER.

Notice: Per Contract Special Provision, should the DEO/ER determine the Contractor has not complied with the approved training program, the number of remaining hours for each trainee will be multiplied by the prevailing wage rate for that particular classification. The resulting figure shall be deducted from the Contractor's final payment.

Trainee Signature _____/____/____
Date

Employer Signature _____/____/____
Date

FOR MDOT USE ONLY:

Approved By:

MDOT Official: _____ Date: _____

(cc: MDOT on-site representative Contractor, Trainee, File, WU)